

## Employee Grievance

Employee Name (Last, First M.I.)

Job Title/Classification

Assignment Location

Work Telephone

Home Telephone

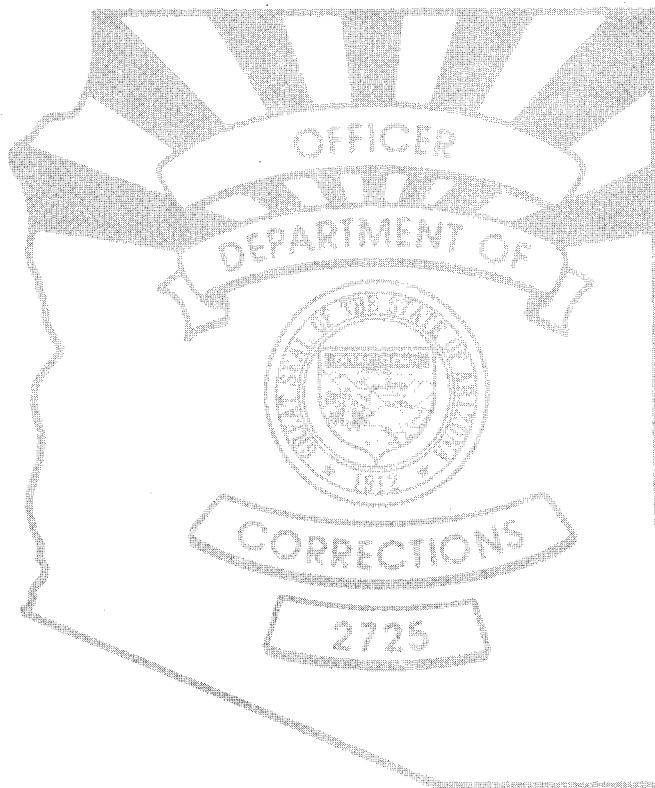
SUPERVISOR TO COMPLETE AT TIME OF INFORMAL

☐ Resolved☐ Unable to  
Resolve

Employee Signature

Date

Describe your grievance in detail.



(Attach an Additional Sheet if Necessary)

Suggested Corrective Action:

Employee Signature

Date

TO BE COMPLETED IF WITHDRAWING A GRIEVANCE

Of my own free will, I request my grievance be withdrawn.

Employee Signature

Date